Executive Summary

The Tennessee Commission on Aging and Disability (TCAD) has reached a milestone. TCAD has provided services to the aging population for 50 years. In celebration of its anniversary and as TCAD prepares for the future, TCAD is taking on the task of re-evaluating its programs and services to make certain that they continue to be efficient and cost effective.

In 2011, the first baby boomer achieved the age of 65 and it is estimated that 10,000 individuals will turn 65 each day. Currently, an estimated 75 million individuals are identified as baby boomers. In the next 15 years, an additional 1,245,064 Tennesseans or 20% of the current population will reach the age of 65, representing an 65% increase in the number of Tennesseans who will require programs and services. Programs and services will be required to address this emerging population with a different orientation toward aging. However, while the **Tennessee State Plan on Aging 2014-2018** looks forward, it must also address the needs of the current population. In addition, the needs of adults with disabilities must be addressed. As of December 2011, 179,325 individuals in Tennessee are disabled. Of that number, 121,844 individuals are between the ages of 18 - 64 (68%) and 32,142 are 65 and older (18%).

The **Tennessee State Plan on Aging 2014-2018** will provide the framework for a comprehensive and coordinated system to begin to address programs and services that will be required. Older Americans Act and other home and community-based programs administered by TCAD will continue to play an important role in addressing the growing needs. The **Tennessee State Plan on Aging 2014-2018** will allow for changes in demographics, new funding opportunities and resources, and the budgetary challenges that Tennessee will face in the coming years.

Programs and services such as, but not limited to, health promotion and prevention, elder rights, long term care, home and community-based services, self-directed care, affordable and accessible programs and services, respite, a healthy aging plan and a guide to healthy aging, and an array of community services and programs will be required to meet the current and future needs. Independent living options for those at risk of assisted living or nursing home placement, self-directed care, self-determination, single point of entry, CHOICES (Tennessee's Medicaid program for long-term care services), private pay options, Alzheimer's disease and related dementia, care transitions, and Veterans' Directed Home and Community Based Services have all become a part of aging programs and services and are included in the **Tennessee State Plan on Aging 2014-2018**.

The **Tennessee State Plan on Aging 2014-2018** will continue to target minority, low-income, low-income minority, and rural populations as well as the newer populations, initiatives and terminology outlined in the 2006 amendment to the older Americans Act. According to the 2010 census, 16.9% of Tennesseans are below the poverty level as compared to 14.3% for the United States. The median income is also lower than the national average.

During February and March 2013, the Tennessee Commission on Aging and Disability (TCAD) conducted a Listening Tour across the Tennessee in each of the nine (9) regions served by the Area Agencies on Aging and Disability (AAAD). The Listening Tour was conducted to allow

community members to discuss the challenges facing the aging and disability population; to gather suggestions about addressing these challenges; and to provide input on what can be done to make programs and services more accessible, efficient, and effective. At each of the sites, participants completed a survey focusing on 1) current aging and disability issues, 2) issues faced by "baby boomers" as they age, and 3) programs and services that are currently working in the community. Participants also participated in small focus groups. The data from Public Hearing on the **Tennessee State Plan on Aging 2014-2018** to be held on May 7 will be included.

 The comprehensive needs assessment consists of the results of the surveys and the small focus groups, stakeholders' meetings, review of literature of the differences between the current senior population and baby boomers, and a review of the previous data provided by the State Plan 2009-2013. Utilizing the data from the comprehensive needs assessment and other identified sources, the **Tennessee State Plan on Aging 2014-2018** was developed. The **Tennessee State Plan on Aging 2014-2018** provides policy makers, service providers, and the general population with appropriate data about trends and implications for the current population as well as the impact of the increase in the aging population due to the aging "baby boomer" population.

Tennessee will be facing many challenges in addressing the aging and disability populations according to the multiple data sources used to develop the **Tennessee State Plan on Aging 2014-2018**. The long-term challenge will be the ability to keep up with the increasing demand for programs and services with stagnant or decreased funding. With the baby boomers reaching retirement age and the "frail elderly" aged 85 and older becoming the fastest growing segment of the aging population, TCAD's ability to keep up with the demand is compromised.

The primary challenges were identified:
- TCAD's infrastructure must be ready to support the increase in the programs and services that will be needed by the growing population of adults age 60 and over and adults with disabilities;
- aging and disability programs, services, and funding are currently beyond maximum capacity while the growth of the baby boomer population has not yet achieved maximum demand;
- current discretionary grant funding has ended or is ending September 30, 2013, for Alzheimer's Evidence Based, Alzheimer's Innovation Grant, Care Transition Grant, Chronic Disease Self Management Program, and Lifespan Respite Grant and the future of discretionary grant funding is unclear, however, TCAD will be poised to apply should further grant opportunities become available; and
- the need for a more integrated system of services and programs to meet the needs of the growing aging and disability population will require that current partnerships become more inclusive of the public and private sector and strengthened through cooperation and coordination.

Additional discussion of these challenges is contained in the narrative of this document.

The goal and objectives in the **Tennessee State Plan on Aging 2014-2018** reflects the work that must be done to maintain and grow programs and services for the current population while planning for the resources that will be required to meet the increased needs of the baby boomer population. To meet the challenges of the present and the future, infrastructure of the SUA must be effective and efficient and personnel have the necessary skills, knowledge, and competencies.

Goal 1 will begin the process by ensuring the current SUA programs and services for adult age 60 and over and adults with disabilities are cost effective and meet best practices.

In order to accomplish Goal 1, the following SUA programs and services will be reviewed, evaluated and modified, as needed: the internal structure of the State Unit on Aging (SUA) to ensure effective and efficient management and monitoring of programs and services and of state and federal funding; the state and federally funded home and community based (HCBS) programs; Family Caregiver program; Nutrition program, Ombudsman; Elder Rights program, Legal Assistance; Guardianship program; Senior Center program, emergency preparedness plan; and SUA's fiscal policies and procedures to ensure all reports are accurate and meet state and federal guidelines.

Goal 2 addresses funding and resources by diversifying funding and partnerships to sustain effective services and programs to meet current needs and to expand and/or implement additional services and programs to meet the emerging needs of the baby boomer population. The SUA will continue to identify and pursue sources of funding; maintain and grow relationships with partners and stakeholders with statewide influence; and build infrastructure and capacity at the state and area agency level to include marketing, grant writing and grant management expertise, and other payment options.

Goal 3 is directed toward building the capacity of program and services utilizing strategies that can be cost effective, implemented incrementally, and integrated into the current programs and services. SUA will partner with agencies and organizations addressing Alzheimer's disease and related dementia; implement evidence based programs for healthy aging and disease prevention; enhance transportation services that are easier to access; identify and maintain professional volunteer coordinators at the SUA and nine (9) AAADs; develop and implement a healthy aging plan; and promote healthy aging through a healthy aging guide.

Goal 4 will ensure that the AAADs, serving as the Aging and Disability Resource Centers (ADRC) in Tennessee provide easily accessible, user-friendly access to programs, services, and resources regardless of payment type so that individuals can get help quickly and without hassle. This goal will be achieved by ensuring that the ADRC/AAADs meet the fully functioning criteria and standards set by the Administration on Community Living (ACL), market the ADRC as the single point of entry/"first stop" for aging and disability issues, provide objective one-on-one counseling, information, distribution, and assistance, and ensure that the ADRC Options Counseling program meets the national standards, collaborate with local hospitals and other healthcare organizations to implement the care transitions concept, and partner with VAMCs in Tennessee for Veterans' Directed Home and Community Based Services.

Goal 5 focuses on collaborating with state agencies to develop a seamless system of accessible services and programs for adults age 60 and over and adults with disabilities. This will include mapping the current service system and the state agencies providing aging services, and establishing a seamless system of accessing and delivering services and programs that reduces and prevents fragmentation and curtails duplication of cost and services.

Chapter 1
Tennessee Commission on Aging and Disability

Mission:
The Tennessee Commission on Aging and Disability brings together and leverages programs, resources, and organizations to protect and ensure the quality of life and independence of older Tennesseans and adults with disabilities.

History & Current Status
The Tennessee Commission on Aging and Disability (formerly the Commission on Aging) was created by the Tennessee General Assembly in 1963. The commission is the designated state unit on aging and is mandated to provide leadership relative to all aging issues on behalf of adults age 60 and over in the state.

The Tennessee Commission on Aging and Disability (TCAD) has been administering Older Americans Act services and providing oversight as mandated by the United States Administration on Aging (AoA) since 1965. In 2001, the Tennessee Legislature expanded the authority of the TCAD to provide home and community based services to older persons to include adults with disabilities under age 60 in the state funded Options for Community Living Program. The Options Program was designed for individuals who do not qualify for long-term care services under the state medical assistance program. TCAD has administered federal funds from the Centers for Medicare and Medicaid Services to operate the statewide State Health Insurance Assistance Program (SHIP) since 2003. In 2004, the state Medicaid Agency, the Bureau of TennCare, designated TCAD as the operating agency for the Statewide Home and Community Based Services Waiver for Elderly and Disabled. In 2008, the CHOICES Act enabled TennCare to contract with Managed Care Organizations (MCO's) to manage Medicaid-funded long-term support services. TCAD also administers state funds for multi-purpose senior centers, public guardianship, homemaker and personal care services, and home-delivered meals.

Long Term Care Community Choices
In 2008, the Tennessee 105th General Assembly unanimously voted into law the Long Term Care Community CHOICES Act of 2008 (CHOICES Act) to rebalance and reorganize Medicaid long-term care in the state. CHOICES is an integrated Medicaid Managed Long-Term Services and Supports (MLTSS) program that serves persons who are age 65 and older and adults age 21 and older with physical disabilities. Managed Care Organizations (MCO's) are responsible for coordinating physical and behavioral health and long-term care services. Members who qualify for nursing facility care have freedom of choice of the setting in which care will be received, so long as their needs can be safely met in the community at a cost that does not exceed institutional care.

TennCare was awarded the "Money Follows the Person" (MFP) demonstration project in 2011 to transition 2,225 individuals over five (5) years, primarily persons in nursing facilities, but also including 50 persons in intermediate care facilities for individuals with intellectual disabilities. As of March 2013, the State has transitioned 536 people under MFP, including 279 adults age 65 and over, 234 adults with physical disabilities, and 23 adults with intellectual disabilities.

The nine (9) Area Agencies on Aging and Disability (AAADs) in Tennessee serve as the Aging and Disability Resource Centers (ADRCs), the single point of entry for the services provided through the Older Americans Act Programs, the Options for Community Living Program, the State Health Insurance Assistance Program, and the Public Guardian for the Elderly Program. In CHOICES, they serve as the single point of entry for non-Medicaid eligible individuals seeking LTSS. (MCOs assist their current members who need LTSS.) The AAADs provide counseling and assistance, screening and intake, and facilitated enrollment for Medicaid financial as well as medical (or level of care) eligibility. In addition, TennCare contracts with AAADs to conduct face-to-face Quality of Life Surveys for the State's Money Follows the Person Rebalancing Demonstration, and more recently, for an expanded CHOICES Quality of Life Survey which is part of the State's Quality Improvement Strategy.

The ADRC/AAADs reach out to the public to foster understanding and use of all long term care and health options available to help keep people as independent as possible for as long as possible. The public has easy access to information, counseling, and assistance, and linkage to a full range of long-term support services and living options.

TCAD has provided leadership in advocating for and implementing a statewide system to provide in-home services for people who choose to stay at home rather than being cared for in a long term care facility. The average annual cost of nursing home care per patient is significantly higher than in-home care. By providing a system for in-home services, TCAD has not only championed the cause for Tennesseans age 60 and over and adults with disabilities to be cared for in the setting of their choice, but has also saved taxpayers millions of dollars.

Chapter 2: Focus Areas and Programs

Older Americans Act Programs (OAA)
Older Americans Act (OAA) funds provide a comprehensive array of services and the administrative infrastructure to deliver all OAA programs. As the designated State Unit on Aging (SUA), TCAD receives an annual allotment under Title III of the Older Americans Act as amended, from the Administration on Community Living (ACL) in the U.S. Department of Health and Human Services. TCAD allocates OAA funds to nine (9) Area Agencies on Aging and Disability (AAADs) based on an approved intrastate funding formula. The AAADs plan, develop, and implement a system of services for persons age 60 and over in their respective Planning and Service Areas (PSA). They also oversee multi-purpose senior center activities. This comprehensive and coordinated system of services is described in the AAAD's Area Plans. OAA programs administered by TCAD include:

OAA Title III–B Supportive Services/In- Home Services
Supportive services funds provide a wide range of social services aimed at helping adults age 60 and over remain independent in their own homes and communities. Some of the services offered under Titles III-B of the Act include services such as information and assistance, transportation, case management, legal assistance, adult day care, and activities in senior centers.
- Information and Assistance
  TCAD contracts with the nine Area Agencies on Aging and Disability (AAADs) for the

Aging and Disability Resource Center (ADRC) that provide information, assistance, referrals, initial screening for program eligibility, and long term care options counseling. The ADRC/AAADs act as a single point of entry for federal and state programs. Information and Assistance is provided directly by the ADRC/ AAADs. This service may be accessed through the toll free, statewide number 1-866-836-6678.

- Transportation
  AAADs contract with senior centers or human resource agencies to provide limited transportation services that assist adults age 60 and over with accessible rides to medical appointments, senior center activities, meal sites, grocery stores, and pharmacies.

- Case Management
  AAADs provide case management for clients who receive home and community based services funding through the Title IIIB and State Options. The in-home services primarily include case management, personal care, homemaking, and home delivered meals.

- Legal Assistance
  Provides legal advice and representation by an attorney to older individuals and also includes counseling or other appropriate assistance by a paralegal or law student under the supervision of an attorney. Clients may be referred to a private attorney after screening by legal staff to determine if the needed services fall within the predetermined case-handling priority guidelines. Referrals may also be made to another community service provider. Public education is also provided.

- Adult Day Care
  AAADs contract for adult day care, as needed.

- Senior Centers
  An important part of Tennessee's Aging Network is multipurpose Senior Centers that serve as local community focal points for information on aging and aging activities in at least one location in each of Tennessee's 95 counties. They offer a wide variety of group and individual services that promote healthy lifestyles, provide learning opportunities, and provide social interaction and volunteer opportunities. Senior Centers in Tennessee are supported through a combination of federal, state, and local funds.

OAA Title III–C Nutrition Services
Nutrition Services provide meals, nutrition education and counseling, and socialization to adults age 60 and over in congregate settings such as senior centers or senior housing. Home-delivered meals are also provided to eligible adults age 60 and over in their own homes. The purposes of the program are to reduce hunger and food insecurity, promote socialization among adults age 60 and over, and provide meals to frail consumers in their homes.

OAA Title III–D Disease Prevention and Health Promotion
TCAD contracts with the nine (9) AAADs to provide health promotion activities across the

state that are evidence-based best practices. Individual or group sessions, most often conducted at senior centers, assist participants to understand how their lifestyles impact their physical and mental health and to develop personal practices that enhance their total well-being, including physical, emotional and psychosocial factors. Examples are programs such as Chronic Disease Self-management, Silver Sneakers, Matter of Balance, and Tai Chi.

OAA Title III–E National Family Caregiver Support Program
This program provides assistance to family caregivers caring for adults age 60 and over or to grandparents or other older individuals who are relative caregivers. The Caregiver program provides information and assistance, individual counseling, respite and supplemental services on a limited or one time basis.

OAA Title IV Activities for Health, Independence, and Longevity Aging and Disability Resource Center (ADRC)
The Tennessee Aging and Disability Resource Center (ADRC) grant project was first awarded to TCAD in 2005 to develop pilot models of comprehensive, single point of entry Aging and Disability Resource Centers. Subsequently, additional grants were awarded to enable all nine (9) AAADs to become fully-functioning ADRCs. The AAADs serve as the single point of entry for all Older Americans Act funded programs as well as the CHOICES program (Medicaid Waiver). A website, www.tnaaad.org was also developed to provide internet access to information about all aging and disability resources in Tennessee.

OAA Title VI Services for Native Americans
Tennessee does not have an officially recognized Indian Tribal Organization and does not receive funding from Older Americans Act for Grants for Services for Services for Native Americans.

OAA Title VII Elder Rights Protection
- Elder Rights
  TCAD advocates for the protection of older Tennesseans from physical and emotional abuse, theft, negative stereotyping, and discrimination. The Tennessee Vulnerable Adult Coalition was established in 2008, to bring the state's public and private agencies together to promote the collaboration necessary to prevent abuse, neglect, and exploitation of vulnerable adults.
- Long Term Care Ombudsman
  The state and the nine (9) District Long Term Care Ombudsman staff are advocates for adults age 60 and over residing in nursing homes, residential homes for the aged and assisted care living facilities. The Ombudsman Program is available to help qualified residents of long-term care facilities when residents and their families cannot resolve their problems through consultation with the facility staff or governmental agencies involved. Trained Volunteer Ombudsman Representatives are a component of this program. Public education is also provided.

Options for Community Living Program (Options): State-funded Home and Community-Based Long Term Care Services
Since 2000, the SUA has received state funds for home and community-based long term care

services for adults age 60 and over and adults with physical disabilities who do not qualify for Medicaid long term care services. The Options Program provides homemaker, personal care, and home-delivered meals.

Public Guardianship for the Elderly Program
The Public Guardianship for the Elderly Program is designed to assist adults age 60 and over who are unable to manage their own affairs and have no family member, friend, bank, or corporation willing or able to act on their behalf. Public Guardians (Conservators) assist clients in obtaining the basic necessities of life including making decisions regarding their finances or needed medical care. Legal proceedings (court order) are required prior to service delivery.

State Health Insurance Assistance Program (SHIP)
SHIP provides free and objective information, counseling and assistance to consumers, their adult children, caregivers, health care providers and other advocates about Medicare and all other related health insurance. An important aspect of the program is to provide information and assistance with enrollment in Medicare Part D and target outreach to low-income Medicare beneficiaries eligible for the Medicare Part D Low-Income Subsidy and Medicare Savings Programs and Duals with mental disabilities or illness. The Centers for Medicare and Medicaid Services (CMS) funds the nationwide program. The statewide Tennessee SHIP operates through a small, but highly trained, paid and volunteer staff and through partnerships to provide this service. In addition to counseling, program staff and volunteers perform community education and outreach on Medicare and current related issues.

OTHER GRANTS, PROJECTS & STATEWIDE PROGRAMS

Innovation Grant to Better Serve People with Alzheimer's Disease and Related Disorders
Activities through this grant provide Alzheimer's disease and related dementia (ADRD) training/education for primary care and family physicians, emergency room personnel, hospital case managers for discharge planning, first responders, and persons with ADRD and family members in two Tennessee regions. Counseling and support services are also provided for persons with ADRD, their family members, and caregivers.

Senior Medicare Patrol: Empowering Seniors to Prevent Healthcare Fraud
Senior Medicare Patrol (SMP) is a nationwide program designed to help combat fraud, waste, and abuse in the Medicare and Medicaid programs and is funded by the Administration on Community Living. In Tennessee, the program is administered by the Upper Cumberland AAAD and provides statewide coverage through the participation of all nine (9) AAADs. Retired professionals across the state are recruited and trained to serve as volunteer community experts, educating Medicare and Medicaid beneficiaries on how to better monitor what is paid on their behalf and report discrepancies. SMP programs work cooperatively with SHIP programs described above, including but not limited to, joint training and utilization of statewide volunteers.

Community Based Care Transitions Program
Current ADRC funding supported 5 local ADRC/AAADs in developing care transitions programs in their regions. The funding supported meetings with local hospitals and Qsource and

trainings in evidence based models such as Coleman's Care Transition Intervention. Four (4) of the AAADs applied for the 3026 funding under the Affordable Care Act. One (1) AAAD has received funding for their project and is in the process of implementation. One AAAD is poised to apply should funding become available. Several projects moved forward without grant funding to implement components of a community based care transitions program. All 5 of the ADRC/AAADs have continued to meet and discuss how to address the issues around hospital readmissions regardless of funding.

Older Americans Policy Academy
TCAD partnered with the Department of Mental Health and Substance Abuse Services and TennCare (State Medicaid Agency) to participate in a Policy Academy. As a result, a plan was developed to address the awareness of mental health, suicide prevention, prescription abuse, Alzheimer's, and depression in the aging and the baby boomer population. The first event will be a conference to be held in June 2013. The Policy Academy will also work to enhance substance abuse and mental health screening capabilities for the aging population and increase intervention services with those identified as needing counseling and treatment options.

Discretionary Grants
 TCAD discretionary grants received during the implementation of the previous State Plan on Aging 2009-2013 have ended. These grants include the Alzheimer's Evidence Based, Care Transition Intervention Grant, Chronic Disease Self Management Program, Lifespan Respite Grant, Medicare Enrollment Assistance Program (MIPPA) and the Aging and Disability Resource Center Grant. TCAD is poised to apply for future grant opportunities as they become available.

Chapter 3: Statewide Needs Assessment

Overview
During February and March 2013, the Tennessee Commission on Aging and Disability (TCAD) conducted a Listening Tour including statewide comprehensive needs assessment in each of the nine (9) regions served by the Area Agencies on Aging and Disability (AAAD). The Listening Tour was designed:
- to hear from community members about challenges facing the aging population and adults with disabilities;
- to gather suggestions from community members about how everyone together might address these challenges;
- to allow attendees the opportunity to complete the needs assessment; and
- to provide input on what can be done to make aging and disability programs and services more accessible, efficient, and effective.

Attendees included adults age 60 and over, adults with disabilities, baby boomers, senior center personnel and volunteers, AAAD staff, Aging Network members, for profit and non-profit providers and organizations, and local/regional officials.

The comprehensive needs assessment consisted of results of the surveys, the small focus groups, the stakeholders' meetings, review of literature of the differences between the current senior

population and baby boomers and a review of the previous data provided by the State Plan 2009-2013. In addition, data were gathered from two meetings held in Nashville:
1) Stakeholders' meeting held January 23, 2013 and 2) the quarterly meeting of the Commission held February 5, 2013.

Survey Findings
Utilizing the data from the comprehensive needs assessment, the challenges that face TCAD and other state departments and agencies serving adults age 60 and over and adults with disabilities were identified and the **Tennessee State Plan on Aging 2014-2018** was developed. The **State Plan 2014-2018** provides policy makers, service providers, and the general population with appropriate data about trends and implications for the current population as well as the impact of the increase in the aging population due to the aging "baby boomer" population.

The survey focused on the current aging and disability issues, issues faced by "baby boomers" as they age, and the programs and services that are currently working in the community.
- Identify the *aging and disability issues* that are most important to you.
- *What are the hard things that "baby boomers" face? How should the State of Tennessee help?*
- *What is currently working well in your community? (like agencies that help, neighbors who help each other, van service, senior centers, meal sites, food pantries, healthcare clinics, nursing home sidewalks, police presence, grocery stores that deliver)*

The major findings are included in this section. A copy of the questionnaire is included in the Appendices.

Aging and Disability Issues: Each participant completing this survey question could identify 1 or more of 38 issues listed on the survey as being most important. Space was also provided to include other issues that were not on the list.

The total number of questionnaires completed was 555 with 812 individuals attending the Listening Tour meetings, a 68% response completion rate. The top ten items that received 60% or above are as follows:

Response	*# of responses*	*%*
1. Affordable dental care, hearing care and eye exams and glasses	388	69.9
2. Not having enough insurance or money to pay for doctors or medicine	386	69.9
3. Being able to get help when needed quickly and without hassle	385	69.4
4. Transportation for people who don't drive cars	384	69.2
5. Learning new things	384	69.2
6. Being able to get accessible transportation	382	68.8
7. Keeping healthy through exercise and eating healthy foods	376	67.7
8. Getting care at home instead of in a nursing home	366	65.9
9. Respite services	340	61.2
10. Training for aid workers who help older adults and people with disabilities	333	60.0

The two (2) least important issues were as follows:

Response	# of responses	%
1. Help with drinking too much alcohol or taking drugs	88	16.0
2. Being able to get accurate information from a website and being able to apply for services on line	139	25.0

Impact of Baby Boomers: A major issue impacting Tennessee's aging system will be the aging "baby boomer" generation. Baby boomers are defined as individuals who were born between 1947 and 1964. Currently, an estimated 75 million individuals are identified as baby boomers. In 2011, the first baby boomer reached the age of 65 and an estimated 10,000 individuals reach the age of 65 every day. The baby boomers represent a very diverse population with the peak of the boomer generation occurring between 1952 and 1957 with their formative years occurring during the 1960's. (*"What's a Boomer?"* Baby Boomer Headquarters (bbh.com).

According to "*10 Ways Baby Boomers Will Reinvent Retirement", US News and World Report*, February 16, 2010, "[t]he baby boomers redefined each state of life as they passed through it. This generation also will retire in a way that is distinct from their parents and will set the standard for generations to come." Currently in Tennessee, the 65 & over population represents 13% of Tennessee's population. In the next 15 years, an additional 1,245,064 individuals or 20% of Tennessee's current population will reach the age of 65, representing a 65% increase.

In response to the survey question ***What are the hard things that "baby boomers" face?,*** most of the respondents indicated that the current lack of accessible and affordable services and programs and the lack of funding will only increase as the retired population increases and lives longer than their parents. The primary concerns faced by baby boomers are identified by category. Examples of the responses are included for clarification.
- Retirement: can't afford to retire; having enough money to retire; retirement benefits; saving for retirement; part-time job to supplement retirement
- Health Insurance: high cost of medical care; able to afford insurance; availability of insurance
- Economic Concerns: insecurity about the economy and/or shrinking economy; lack of assets; loss of savings from a bad economy; increasing cost of gas, utilities, food; hard to live on Social Security; fewer resources for middle income families; rising cost of living will outpace retirement benefits; reduced/fixed income; rising costs and declining income
- Social Security, Medicare, Medicaid: will they be there?; future of Social Security and the possibility of insolvency, raising the age eligibility requirements
- Caregiving: caring for aging parents while working; raising a family while caring for aging parents; shortage of caregivers; increase in Alzheimer's and dementia
- Maintaining Health: staying active physically and mentally; need more education and programs/facilities; health promotion; senior center hours not accessible for working adults age 60 and over; just now beginning to provide programs for baby boomers
- Transportation: affordable, accessible, and safe transportation; more city and rural transportation; more choices in transportation
- Healthcare: mentally challenged have limited resources; availability of health care; paying for medications; veterans exposed to Agent Orange; services for aging in place; services for

the disabled and for low income; services for people living in rural counties, services are already lacking; not enough home and community based services; adult day care
- Technology: automated everything; quickening pace; keeping up/computer skills
- Housing: affordable, accessible, safe; affordable/available home repairs; livable and walkable communities; decreasing options for housing; investment friendly housing; housing to match abilities

All of these differences will significantly impact the aging services and programs to be designed in the next few years. In response to the second part of the question ***How should the State of Tennessee help?***, several responses reflect the lack of answers to this question: so many retiring at the same time, money and provisions will run out; so many – gov't can't take care; and don't know.

What Works in the Community: The survey question "***What is currently working well in your community?***" asked participants to identify what programs and/or services they thought were working. Some of the programs and services identified may not be statewide. One participant had the following statement: "The services that are available are great, but so few can access."

The programs and services that are currently working included: meals (meal/nutrition sites, meals on wheels, mobile meals), van services, senior centers, grocery and pharmacies that deliver, Second Harvest Food Bank, food pantries, Elder Watch; Senior Citizen Awareness Network (SCAN), local church assistance, Project Live, Office on Aging, Alzheimer's Tennessee, United Way, Community Gardens, Area Agency on Aging and Disability (AAAD), police involvement with Seniors and Law Enforcement Together (S.A.L.T.) and the S.A.L.T. conference, networking, sidewalks, home and community based services, law enforcement and sheriff's office, Loaves and Fishes, dental care 3 days a week, Room in the Inn, Human Resource Agencies (HRA), SHIP, Senior Companion Program, Helping Hands, Ombudsman, Habitat for Humanity, legal aid services, homemaker services, Public Guardianship for the Elderly, CHOICES and Options, healthcare clinic, aquatics available, commodity distribution, Silver Sneakers, Matter of Balance, Cancer Society's Road to Recovery, and physical fitness programs.

Small Group Focus Sessions
The Small Group Focus Sessions were asked to expand upon the aging and disability issues facing Tennessee and to identify the factors impacting those issues. Since the sessions were open-ended, the responses from the multiple groups were overlapping and provided examples to re-enforce the identified issues:
- Not enough programs and services and lack of funding
- More affordable, accessible, and flexible transportation
- Tracking services provided by churches, the community, etc.
- Need for more education and training programs
- Lack of health insurance or money
- Financial assistance for food, heating, medications, utilities, etc.
- Limited computer skills and/or internet access
- Limited assisted living, retirement communities, especially in rural areas
- Solicitation calls, frauds and scammers

- More accessible services and user-friendly information
- Affordable, accessible, and safe housing and home repairs
- Lack of financial resources for dentures, hearing aids, glasses for adults age 60 and over and adults with disabilities
- Waiting lists for services and programs
- Depression and loneliness
- Lack of in-home services – home and community-based services
- Poor attitude toward adults age 60 and over
- High cost of medications
- Too many places to call for services and/or programs and how to qualify for services
- Decrease in people paying into system, benefits, and workers in the field
- Coordination of services
- Elder abuse
- Caregiving

Chapter 4: Challenges

The State of Tennessee will be facing many challenges in addressing the aging and disability populations according to the multiple data sources used to develop the **Tennessee State Plan on Aging 2014-2018.** The long-term challenge will be the ability to keep up with the increasing demand for programs and services with stagnant or decreased funding. With the baby boomers reaching retirement age and the "frail elderly" aged 85 and older becoming the fastest growing segment of the aging population, TCAD's ability to keep up with the demand for services is compromised. Primary challenges are:

- TCAD's infrastructure must be ready to support the increase in the programs and services that will be needed by the growing population of adults age 60 and over and adults with disabilities;
- aging and disability programs, services, and funding are currently beyond maximum capacity while the growth of the baby boomer population has not yet achieved maximum demand;
- current discretionary grant funding has ended or is ending September 30, 2013, for Alzheimer's Evidence Based, Alzheimer's Innovation Grant, Care Transition Intervention Grant, Chronic Disease Self Management Program, Medicare Enrollment Assistance, and Lifespan Respite Grant and the future of discretionary grant funding is unclear, however, TCAD will be poised to apply should further grant opportunities become available; and
- the need for a more integrated system of services and programs to meet the needs of the growing aging and disability population will require that current partnerships become more inclusive of the public and private sector and strengthened through cooperation and coordination.

Fiscal Challenges
The major long-term challenge facing Tennessee is funding. Beginning July 1, 2013 – June 30, 2014, as the result of sequestration, federally funded programs must cut their budget by 5%; thus, impacting the amount of money available for aging services. Preliminary analysis of the sequestration shows that the nutrition program will receive the greatest impact with

approximately $855,229 cut in funding resulting in the elimination of 149,500 (congregate and home-delivered) meals affecting 1,050 consumers. Additional program cuts include 27,242 hours of supportive service affecting 401 consumers and $127,018 from the caregiver support program impacting approximately 64 consumers. The State Health Insurance Assistance Program was also cut by $45,175 which will mean a reduction in available staff to provide Medicare counseling and outreach.

Other challenges currently facing the State of Tennessee include state budget reversions impacting home and community based services such as home delivered meals, personal care and homemaker services. In Tennessee, state revenue is dependent upon sales tax collection. As of the writing of the **State Plan**, the Governor has not made a decision regarding the expansion of Medicaid through the Affordable Care Act that could impact programs and services.

Federal funding requires matching funds from the state and securing a match may be difficult if aging and disability are not prioritized. In addition, seventeen (17) state agencies have some responsibility and funding for providing aging and disability services in addition to TCAD. According to the needs assessment, participants in the Listening Tour found it difficult to get help when needed quickly and without hassle and identified it as a priority.

Another fiscal challenge identified by participants in the survey was not having enough insurance or money to pay for doctors or medicine. The U.S. Department of Labor reports that "fewer than half of Americans have calculated how much they need to save for retirement; in 2010, 30 percent of private industry workers with access to a defined contribution such as a 401(K) plan did not participate; and the average American spends 20 years in retirement."

Capacity of Programs and Services
Waiting List: The current capacity of TCAD and state departments and agencies to provide programs and services is inadequate to address the immediate needs of the aging population resulting in waiting lists for all programs and services. Statewide, the Options Program currently has a waiting list of 9,000 individuals seeking these services in order to remain in their home. Publicizing a toll free number and services and then being told there is a waiting list is frustrating for both the person seeking help and the provider trying to help.

Support Services: The need for support services will continue to increase as the aging population increases.
- Transportation: Transportation continues to be a challenge, especially in rural areas. More affordable, accessible, and flexible transportation services are needed to meet the needs of the aging and disability population. Adults age 60 and over are outliving their ability to drive safely by an average of 7 to 10 years.
- Meals: A waiting list exists for home delivered meals. Cost effective alternatives must be implemented in order to serve more individuals as well as the need for additional funding.
- Housing: Affordable and accessible housing becomes a problem when the house is no longer able to accommodate a person who has become disabled or may have stairs the person can no longer navigate, the house may no longer be in a safe environment, and/or have access to services such as grocery stores if driving is no longer an option.

- Senior Centers: Senior Centers serve as local community focal points for information on aging services and aging activities in at least one location in each of Tennessee's 95 counties offering group and individual services that promote healthy lifestyles, providing learning opportunities, and providing social interaction and volunteer opportunities. Although senior centers were an example of what is currently working well in the community, the senior centers are seeking funding to continue their services and programs.
- Caregiving: The need for caregiving and respite services are increasing and there is a concern about the shortage of caregivers as baby boomers age. Family and informal caregivers are providing care for many of Tennessee's adults age 60 and over, adults with disabilities and grandchildren. This unpaid caregiving is saving the state considerable resources, but also impacts the emotional well-being, health, employment, income, and financial security of the caregiver. According to an article in the New York Daily News (March 18, 2012) written by Heidi Evans, 1 in 3 seniors over the age of 65 now die with Alzheimer's. "Cost of care of Alzheimer's patients was $200 billion last year and could reach $1.2 trillion by 2050, with costs to Medicare and Medicaid increasing more than 500%."

Baby Boomers

The aging baby boomer population will strain the capacity of the state to provide aging and disability programs and services. Baby boomers will be living longer than previous generations, have greater need for services, and will impact the system for a longer period of time. The baby boomer generation is also referred to as the "sandwich" generation as they are caught between caring for elderly parents and raising their children and grandchildren. The baby boomers may not only impact the quantity of the programs and services, but the kinds of programs and services that are delivered and how those programs and services are delivered.

Learning New Things

Those responding to the surveys identified "learning new things" as important. "Most retired baby boomers today go directly from full-time work to full-time retirement, according to a 2011 AARP survey… The worst thing retirees can do - especially those accustomed to decades of long, stressful days - is stop challenging their brains with new tasks and experiences. Dr. Anne Fabiny, chief of geriatrics at the Cambridge Health Alliance, said retirees should be changing paths, not speed." (*Staying engaged: Learning new things, staying engaged are keys to a sound body and mine* by Nancy Reardon Stewart, **The Boston Globe**, May 20, 2012) Senior Centers are one source for "learning new things"; however, senior centers may have to provide more variety in services and programs to attract baby boomers.

Adults with Disabilities

As with the population of adults age 60 and over, adults with disabilities living independently in a neighborhood/community rather than in an institution will be a challenge. They will need safe housing in livable communities with accessible transportation. Self-determination must be the cornerstone of all programs and services for the aging and disabled populations. Wheelchair accessible vans must be available. Communities must have sidewalks so that adults with disabilities can move around independently - wheelchairs cannot navigate in gravel on the side of the road. Help is needed for persons with visual impairments such as the need for large format telephones. Home modifications such as higher commodes will allow adults with disabilities to

live independently. Training volunteers to work with adults with disabilities is a necessity. Public buildings and stores must be accessible in order for adults with disabilities to be able to meet their needs for living independently.

The results of the data also indicate that gaps exist in the system for adults with disabilities. Current state funding administered by TCAD is limited to older adults and adults over the age of 18 who have physical disabilities. Other state agencies provide services for adults with intellectual and developmental disabilities, behavioral health issues and employment issues. Little collaboration among the state agencies has existed in the past. However, strides are being made through efforts such as: 1) the Policy Academy sponsored by the Substance Abuse and Mental Health Services Administration and the Administration on Community Living; 2) the Transportation Committee sponsored by the State Legislature; 3) the "Yellow Dot" initiative sponsored by the Tennessee Department of Transportation; 4) the Council on Injury Prevention sponsored by the Health Department, and 5) the Tennessee Vulnerable Adult Coalition sponsored by TCAD and the Department of Human Services—Adult Protective Services.

Tracking In-Kind Funding and Volunteer Services
Many of the programs and services provided for adults age 60 and over and adults with disabilities in Tennessee would not exist without the assistance of volunteers, such as transportation, food delivery, senior center activities, and caregiving. Another need is being able to use State and Federal funding to leverage additional funds to meet the needs of adults age 60 and over and adults with disabilities. Currently, there is no consistent statewide system to track the in-kind services or leveraged programs, such as transportation or food pantries provided by community organizations or churches. Unpaid caregiving is saving the state considerable resources.

Additional Challenges identified by the data include staying healthy in mind and body; depression and mental health; elder abuse; and alcohol and drug abuse.

Chapter 5: Planning for the Future
Goals, Objectives, Strategies, Performance Measures

As the baby boomer generation ages, the increase in numbers of adults age 65 and over will require a State Plan that utilizes all available resources, including both people and money, in the most efficient and effective manner. A plan that will require solutions that:
- "think outside the box",
- provide a greater diversity of services and programs to meet the needs of all populations,
- develop and implement approaches to address both immediate needs of current retirees and the needs of future retirees,
- create easier access to services and programs, and
- streamline the current programs and services

However, this is only the starting point for TCAD.

TCAD will continue to engage policy makers in decision-making processes that elevate the needs of adults age 60 and over and adults with disabilities to the forefront while recognizing the strengths and contributions of this population. TCAD will also continue to seek state and federal

funding aimed at addressing the need for home and community-based services. Despite budget concerns and other issues, TCAD will strive to maintain quality services, programs, and staff.

The goals, objectives, strategies, and performance measures have been developed for the **Tennessee State Plan on Aging 2014-2018** utilizing the following: Statewide Listening Tour and the Needs Assessment conducted in February-March 2013; Stakeholders' Meeting (January 25, 2013); Commission Meeting (February 5, 2013); TCAD's 2011 Strategic Plan (developed by the Commission Members), the Governor's Conference on Aging (September 1, 2011), The Lewin Group's Aging and Disability Resource Center Fully Functioning Assessment June 2012, and the Public Hearing to be held May 7, 2013.

The following are the goals, objectives, strategies and performance measures for the **Tennessee State Plan on Aging 2014-2018**: (Please note that * denotes that the item comes from the Commission Strategic Plan; ** denotes that the item comes from the Governor's Summit on Aging; and *** denotes The Lewin Group's assessment of Tennessee's ADRC under State Status areas: Area for Growth and Partially Meeting Criteria)

Goal 1:   **Ensure that current SUA programs and services for adults over the age of 60 and adults with disabilities are cost effective and meet best practices**

Objective 1: Evaluate and modify, as needed, the internal structure of the State Unit on Aging (SUA) to ensure effective and efficient management and monitoring of programs and services and of state and federal funding

Strategies
1. Identify the competencies, knowledge, and skills needed for each SUA position in accordance with the current State Plan on Aging to align employee performance with agency mission using the Tennessee Department of Human Resources SMART (specific, measurable, achievable, relevant, and timely) tool
2. Redesign and implement staffing patterns and job plans to match the new competencies, knowledge, and skills required for each position
3. Review and revise the Program and Policy Manual to describe both programmatic and fiscal requirements for operation and to ensure a greater understanding of those requirements
4. Review and revise, as needed, monitoring tools for each program to be used by the SUA and AAADs that corresponds to the Program and Policy Manual revisions and contract requirements
5. Review and revise the contract scope of service for each program and service provided by the SUA based on the revised policies and procedures for that program
6. Ensure that the data systems for tracking programs and services are in place and providing accurate data and the data can be used to identify trends or patterns in program service utilization in order to modify or make adjustments in planning/operation
7. Rewrite, submit, and implement the quality assurance plan annually according to state guidelines (Policy 22 Monitoring Plan/Title VI Civil Rights Plan) as required by the State of Tennessee

Objective 2: Evaluate and modify, as needed, the state and federally funded home and community based (HCBS) programs to maximize the number of people served with the funding

Strategies
1. Evaluate the number of persons served in each district compared to the funding provided through the intrastate funding formula using data currently provided by the SAMS database
2. Evaluate the trends in frequency and amount of services needed and provided compared to Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) of the consumers utilizing data currently provided by the SAMS database
3. Evaluate the waiting list and determine if there are ways in which to redesign the HCBS delivery system to be able to serve more people
4. Evaluate the HCBS to determine cost effectiveness of the current funding and determine how much additional funding would be needed to further reduce the waiting list
5. Create a usable continuum of care that would incorporate three funding sources (Title IIIB, Title IIIE, and State HCBS) to provide needed and appropriate services and programs to the individual based on the number of ADLs, IDLs, and family supports identified for each individual to ensure cost effectiveness and reduce the waiting list
6. Increase the availability of self-directed care in all nine AAAD regions based on the current policies and procedures to ensure that all consumers have choices for HCBS services
7. Provide training on person-centered concepts and self-determination (Example: Boston University on-line training through the ADRC)
8. Ensure that the individual receiving HCBS and family members, if available, are personally involved in the development of the Plan of Care so that the Plan of Care is person-centered and self-determined
9. Review and revise, if needed, the contract scope of service based on the revised policies and procedures and the best practices for HCBS
10. Work with the AAADs and the service provider network to identify training needs for in-home workers and develop guidelines for the training

Objective 3: Evaluate and modify, as needed, the Family Caregiver Program to ensure that the program is managed in the most cost effective manner and maximizes the number of people served with the funding

Strategies
1. Evaluate the number of persons served in each district compared to the funding provided through the intrastate funding formula utilizing data currently provided by the SAMS database
2. Evaluate the Family Caregiver program delivery system and re-design the program to focus specifically on respite and redirect funding to respite to serve more caregivers and reduce the waiting list
3. Partner with the AAADs and the Tennessee Respite Coalition (TRC) to ensure that the Family Caregiver program focuses on the needs of the caregivers by providing respite and by providing other support services on an as needed basis such as training, education, and supplies
4. Determine the amount of additional funding that would be needed to further reduce the

waiting list after identifying and implementing cost effective measures to the current funding
5. Revise, if needed, the contract scope of service based on the revised policies and procedures for the Family Caregiver program

Objective 4: Evaluate and modify, as needed, the Nutrition program to ensure that the program is managed in the most cost efficient manner to maximize the number of people served with the funding, to provide nutritious meals that are tasty and attractive according to customer satisfaction, and to provide supportive services to prevent, delay, or manage chronic health conditions

Strategies
1. *Determine the actual costs of current congregate and home-delivered meals in each district and evaluate the cost effectiveness
2. Identify the most cost effective methods of reducing the costs of meals without jeopardizing nutrition and attractiveness
3. Evaluate methods of providing nutritious meals that could reduce costs such as the use of statewide vendors; use of volunteers; unit cost reimbursement; cook chill; and/or vouchers and incorporate these cost saving measures, if feasible
4. Provide nutrition counseling and education to individuals that have elevated risk factors for nutritional problems as determined by the Independent Living Assessment (ILA)
5. Partner with faith-based organizations to enhance their food programs, such as meal programs, food pantries, gleaning, and commodities
6. Provide education on the value of community gardens, the healthy benefits, the importance of eating fresh fruits and vegetables, and the resources available in the community to help
7. Initiate changes that will reduce costs, enable more customers to be served, and reduce the waiting list through the development of appropriate policies, procedures, and contracts
8. *Partner with all entities providing access to food and nutritious meals to evaluate the current state of the delivery system and design ways to improve the system
9. *Develop an accessible and easy-to-understand curriculum based upon evidence-based information for statewide use by dietitians to provide a greater focus on nutrition education

Objective 5: Identify and implement strategies to ensure that the Ombudsman program is more effective and efficient in advocating for all patients in all long-term care facilities

Strategies
1. Ensure that the data from the Ombudsmanager database is accurately recorded and in a timely manner
2. Ensure that the database is used to evaluate and improve the program
3. Ensure that all Ombudsman federal and state reports are submitted annually as required
4. Evaluate how to distribute funding for the Ombudsman program more efficiently and effectively taking into consideration the location of the long-term care beds
5. Increase monitoring and technical assistance for District Ombudsman programs to ensure that programs are meeting the goals and guidelines
6. Develop a Volunteer Ombudsman Representative (VOR) manual and training materials
7. Conduct volunteer on-line and face-to-face training in each district annually led by the State Long-term Care Ombudsman

8. Continue to stay updated on the emerging Ombudsman issues such as the role of the Ombudsman program in the Managed Long Term Care Support Services
9. Implement the peer program in each district (Pennsylvania's Empowered Expert Residents) that provides training for a cadre of residents to serve as advocates
10. Revise, if needed, the contract scope of service based on the revised policies and procedures for the Ombudsman program

Objective 6: Increase awareness and access to information regarding the prevention of abuse, neglect, and exploitation

Strategies
1. Pursue greater collaboration among Legal Assistance Providers through training and quarterly meetings to identify issues and solutions
2. Promote the use of the statewide www.onlinetnjustice.org, www.legalinfotn.org, and hotline 888-aLEGALz for attorney consultations and self-help
3. Seek additional funding sources to strengthen the legal assistance program such as the "Model Approaches to Statewide Legal Assistance Systems" grant opportunity
4. Develop curricula on the prevention of financial exploitation to be delivered by SUA staff and legal assistance providers

Objective 7: Support and enhance multi-disciplinary responses to elder abuse, neglect, and exploitation involving Adult Protective Services (APS), Ombudsman, legal assistance, law enforcement, healthcare professionals, and financial institutions

Strategies
1. Identify the best practices for increasing public awareness about elder rights and addressing elder abuse prevention, such as the Year of Elder Abuse Prevention (YEAP) Toolkit provided by the AoA
2. Partner with Tennessee Vulnerable Adult Coalition to implement initiatives that utilize the identified best practices and maintain the social networking site for the purpose of disseminating elder abuse prevention information
3. Enhance the partnership with APS to build awareness of APS services and how citizens should contact APS for needed services

Objective 8: Identify and implement strategies to ensure that the Guardianship program is more effective and efficient in serving clients who cannot make their own financial and healthcare decisions and have no one else to assist them

Strategies
1. Ensure that the client data in the SAMS database is accurately recorded and in a timely manner
2. Ensure that the client data is used to evaluate and improve the program
3. Review the current Guardianship funding formula and modify, as necessary, to ensure that the funding is distributed consistently and cost effectively
4. Update and modify, as needed, the volunteer manual

5. Conduct volunteer recruitment, training, and retention activities in each region to ensure that each client has friendly visitations and someone to quickly identify any issues or problems that need to be reported to the Guardian
6. Review and implement best practices for the public guardianship program, for setting and collecting fees for services, and for developing statewide program standards in partnership with Conservatorship Association of Tennessee (CAT) in order to ensure a cost effective and efficient program
7. Conduct training for guardians twice a year
8. Advocate for alternatives to public guardianship such as mediation, advance directives, and training family guardians
9. Review and revise, as needed, the policies and procedure governing the Guardianship Program

Objective 9: Evaluate and modify, as needed, the Senior Center program and provide support to senior centers that are striving to meet the needs of the current population and to embrace the needs of the emerging baby boom population

Strategies
1. Identify best practices for Senior Centers and conduct training and technical assistance for senior center directors and staff
2. Create incentives for Senior Centers that develop and implement programming geared for meeting the needs of the baby boomers, such as computers and competitive mini-grants
3. Assist Senior Centers with fund-raising activities to support best practice programming
4. Assist Senior Centers with diversifying funding and developing programs and services that are self-sufficient and/or profitable
5. Provide technical assistance and training to assist senior centers in becoming AIRS certified
6. Provide technical assistance to the senior center board of directors and center directors to enable Level 3 and Level 4 senior centers to apply for and achieve accreditation

Objective 10: Review emergency preparedness plans submitted by the AAADs and senior centers to ensure that plans meet best practices as determined by the Tennessee Emergency Management Agency (TEMA).

Strategies
1. Continue to provide staff as "Emergency Services Coordinator" to participate in TEMA training, certification, and plans
2. Annually, review emergency preparedness plans of the AAADs and senior centers
3. Provide regional training on emergency preparedness for agencies and individuals
4. Monitor to ensure that the AAADs have completed the on-line FEMA emergency preparedness training

Objective 11: Review and modify, as needed, all SUA's fiscal policies and procedures to ensure that all budgeting, accounting, contracting and reporting follow state and federal guidelines and that all reports are accurate, submitted on-time, and in accordance with accepted procedures

Strategies
1. Provide technical assistance to the AAADs in regard to fiscal management, budgeting, and quarterly reporting
2. Review AAAD expenditures quarterly and compare to number of consumers served as reported in SAMS to determine if programs and services are on target with performance goals to meet contract requirements
3. Determine the amount of additional funding needed to serve people on the waiting lists based on fiscal and programmatic data provided by the management and program staff of SUA
4. Determine budgets for all SUA programs and grant applications with the assistance of management and program staff
5. Conduct fiscal and programmatic monitoring of all contracts to determine contract compliance and ensure that all state and federal guidelines are met

Performance measures:
Align employee performance with agency mission by using the SMART Formula Planning Tool to determine competencies, knowledge, and skills for each SUA positions
Uniform customer satisfaction survey statewide for each funded program
Ensure that current funding is serving the appropriate number of consumers
Increase by 5% annually the number of people served from the waiting list
Increase by 5% annually in the number of people receiving congregate and/or home-delivered meals
Increase the number of Ombudsman volunteers in each region to ensure that all long-term care facilities are visited at least quarterly
Three (3) communities per region will implement community gardens
50% of senior centers will have a minimum of 2 AIRS certified staff
Increase by 10% the number of respite hours provided
Five (5) senior centers will achieve accreditation
Increase by 10% the number of consumers who choose to participate in nutritional counseling
Complete evaluation and modification, if needed, of all TCAD funded programs

Goal 2: ***Diversify funding and partnerships to sustain effective services and programs to meet current needs and to expand and/or implement additional services and programs to meet the emerging needs of the baby boomer population**

Objective 1: Continue to identify and pursue sources of funding, including grant and foundation opportunities

Strategies
1. Research new and/or alternative sources of funding and non-traditional funding
2. Determine the feasibility of developing grant and foundation applications with potential grant partners such as Alzheimer's Tennessee, Senior Centers, Mental Health America, and Area Agencies on Aging and Disability
3. *Seek grant applications for evidence-based, proven practices to serve adults over 60 and adults with disabilities
4. *Partner with corporations, universities, and foundations as potential funding sources

5. Continue to partner with State departments such as, but not limited to, the Department of Health and the Department of Mental Health and Substance Abuse Services to seek joint federal and state funding to serve adults over 60 and adults with disabilities
6. **Utilize public, private, and non-profit resources to leverage funding to provide needed evidence-based, proven services and programs for adults over 60 and adults with disabilities
7. Track funding for programs and services that have been leveraged by State and Federal funds

Objective 2: Maintain and grow relationships with partners and stakeholders including key state agencies, statewide organizations, universities, and private and non-profit entities with statewide influence

Strategies
1. Create a forum to review resources, determine where costs can be saved and funding can be redirected to unmet needs, and identify where there is duplication of services or potential for duplication
2. Partner with universities to develop innovative programming regarding healthy aging issues and training of aging network staff
3. Partner with Council on Aging, Alzheimer's Tennessee, Mental Health America, Alzheimer's Association and other non-profits that serve as subject matter experts
4. Promote advocacy for adults over 60 and adults with disabilities by providing information and education to legislators, policy makers, and community organizations
5. *Partner with corporations, universities, and foundations to strengthen the ability to reach baby boomers through information and education about services and healthy aging; to utilize subject matter expertise; to increase volunteerism; and to raise awareness about how these partners will be impacted by the aging population

Objective 3: *Build infrastructure and capacity both at the state level and at the area agency level to include marketing; grant writing and grants management expertise; and other payment options and capabilities such as private pay and cost-share

Strategies
1. Develop and implement marketing strategies that are best practices geared to reach the baby boomer population
2. Redirect staffing at the state and area agency levels to include competencies in facilitation, grant writing, and grants management
3. *Revise policies and procedures to include private pay and cost-share payment options to underwrite the cost of services and programs
4. Provide staff training and technical assistance on the development of payment options such as private pay and cost-share

Performance Measures
Add five (5) new partners assisting in obtaining funding for programs and services for adults 60 and over and adults with disabilities
Add 4 new applications annually for funding (federal, state, foundation, etc.)
Implement private pay option in all districts
Increase the number of consumers who contribute through cost share

Goal 3: **Build the capacity of programs and services to serve more adults 60 and over and adults with disabilities by identifying strategies that can be cost-effective, implemented incrementally, and integrated into the current programs and services**

Objective 1: Partner with Alzheimer's Tennessee, Alzheimer's Associations, Mental Health America, Area Agencies, the Aging Network, and other aging service providers to coordinate planning, public awareness, and program development efforts to address the increase in Alzheimer's Disease and Related Dementia (ADRD) with the increase in the number of aging baby boomers

Strategies
1. Review the 10-year Alzheimer's State Plan submitted to the Governor in 2009; identify the components that have been implemented; and identify goals and objectives that can be addressed in the next 4 years
2. Seek funding to implement the goals, objectives, and recommendations of the updated Alzheimer's State Plan
3. *Support families of individuals with ADRD by sustaining current services and developing additional services
4. *Provide and grow dementia capable training and professional development opportunities for healthcare professionals, first responders, and physicians about ADRD
5. Provide a "no wrong door" access to ADRD services by coordination and cross-training with the ADRC/AAADs, Alzheimer's Association, Alzheimer's Tennessee, Mental Health America, and Tennessee Respite Coalition
6. Increase respite care for families of individuals with Alzheimer's Disease using current funding and new funding
7. Re-direct SUA staffing to include responsibilities for liaison and coordination with ADRD partners

Objective 2: Implement evidence-based programming that promotes healthy aging and disease prevention

Strategies
1. Ensure that current federal Administration for Community Living (ACL) funding for health promotion and disease prevention targets evidence-based programs such as, but not limited to, Chronic Disease Self-Management, Arthritis Self-Management, Silver Sneakers, Tai Chi, and Matter of Balance (fall prevention)
2. Partner with the Department of Health to ensure that all seniors have access to the Chronic Disease Self-Management Program
3. Work with the Department of Mental Health and Substance Abuse Services to implement evidence-based prevention and intervention programs to address depression and use of alcohol and drugs in the aging population
4. *Pursue funding (federal, foundation, public and private sectors) to implement evidence-based practices for healthy aging and disease prevention
5. *Designate, when possible, traditional state and federal funding toward effective evidence-

based practices that address, but not limited to, health promotion and disease prevention, medication management, volunteer coordination, and senior center programs

Objective 3: Enhance transportation services that are easier to access for adults age 60 and over and adults with disabilities

Strategies
1. Review and map current transportation services available to adults 60 and over and adults with disabilities
2. Identify best practice models in other states and move to implement best practices statewide including, but not limited to, the Independent Transportation Network (ITN)
3. Identify the current and emerging needs for transportation using data available from the State Listening Tours, Area Agencies, ITN, and other sources
4. *Convene partners and transportation leaders to explore issues and opportunities to develop innovative partnerships for the purpose of planning that are user friendly, affordable, and accessible
5. Identify gaps in current transportation services and develop a plan to address mobility needs of adults 60 and over and adults with disabilities including door-to-door and door-through-door (assisted transportation or escort) accessibility
6. Seek grant opportunities and transportation funding
7. Provide planning and grant development technical assistance to urban and rural communities that are pursuing grant opportunities for transportation funding and interface with the National Center for Senior Transportation
8. Advocate for "livable communities" and "aging in place" initiatives
9. Advocate for increased capacity to serve adults 60 and over that helps them stay independent and stay connected such as, but not limited to, accessible transportation to senior centers, nutrition sites, grocery stores, pharmacy, hairdresser, and shopping
10. Partner with companies that have an interest in reaching aging customers to develop transportation services to their stores
11. *Actively participate in the legislative appointed Transportation Coordination Committee (Public Law #198), to which SUA was appointed by the Governor

Objective 4: Identify and maintain professional volunteer program coordinators at the SUA and each of the nine AAADs to implement a volunteer program targeting baby boomers to meet the growing needs of the aging population

Strategies
1. Review and revise, as needed, volunteer program recruitment, training, and retention plans for each of the following programs: Ombudsman, Guardianship, Legal Assistance, State Health Insurance Assistance Program (SHIP), Nutrition, and Transportation
2. Develop policy and procedures for the professional volunteer program coordinator including job description and qualifications
3. *Designate existing federal funding for the purpose of developing a volunteer infrastructure with a volunteer program coordinator in each of the AAADs and at the SUA
4. Reach out to the faith-based organizations to encourage program development and community activity and volunteerism regarding services to adults over the age of 60 and

adults with disabilities

5. Develop a toolkit for the recruitment, training, and retention of volunteers geared toward faith-based organizations for the purpose of facilitating easier access to information and education and participating in community service projects

6. Provide cross training on specific volunteer roles for each program such as, but not limited to, caregiver, guardianship, elder rights, etc. that utilize volunteers and encourage volunteers to move from one program to another

7. Grow volunteers to become program leaders so that a program might become self-sustaining

8. Identify organizations (government and non-government) that serve the aging and disability populations and form collaborations/partnerships to address specific issues impacting this population, such as, but not limited to, affordable and accessible dental care, eye examinations and glasses, and hearing tests and hearing aids/devices

Objective 5:   Develop and implement a *Healthy Aging Plan for Tennessee "Baby Boomers"*

Strategies
1. Organize a task force with prospective partners such as, but not limited to, universities, state agencies, healthcare providers and professionals in the healthcare field, such as physicians and nurses, to discuss strategies for healthy aging for baby boomers

2. Provide recommendations for a Healthy Aging Plan for Tennesseans

3. Develop a Healthy Aging Plan for Tennesseans based on the recommendations

Objective 6:   Promote healthy aging through the *Healthy Aging Guide for Tennesseans*

Strategies
1. Design and publish a Healthy Aging Guide that includes easy to read and understand strategies that can be implemented to assist people to stay active in mind and body

2. Develop and implement a plan for distribution of the Guide specifically targeting baby boomers

3. Implement information and education programs that encourage healthy lifestyle behaviors

4. Identify and emphasize the opportunities for exercise currently available such as Silver Sneakers, dance classes, and Tai Chi.

5. Provide information and education on programs and services to enhance economic security

6. Identify and educate about the opportunities for community involvement and the importance of socialization for staying healthy

7. Include activities that require new or different ways of thinking to encourage an active mind

8. Educate about the importance of a healthy diet and provide some examples of meals that are tasty and inexpensive to prepare

9. Provide information and education on fiscal planning for retirement and adequate health insurance

10. Provide a list of contacts for information should the contacts be needed at some future date

Performance Measures
Increase by 20% the number of volunteers providing programs and services to adults 60 and over and adults with disabilities
Distribute of the *Healthy Aging Guide for Tennesseans*

Add one new transportation initiative in each district
Implement an additional of two (2) recommendations from the 10-year Alzheimer's State Plan

Goal 4: **Ensure that the Area Agencies on Aging and Disability serving as the Aging and Disability Resource Centers in Tennessee provide easily accessible, user-friendly access to programs, services, and resources regardless of payment type so that individuals can get help quickly and without hassle**

Objective 1: Ensure that the ADRC/AAAD meets the fully-functioning criteria and standards set by the Administration on Community Living

Strategies
1. Gather and verify that the data for all functions of the ADRC are entered correctly into the State Reporting Tool (SRT) and reports all of the data available
2. Ensure that the current tracking and case management system meets the needs of the ADRC for data collection
3. ***Continue to actively market the ADRC to all Tennesseans needing assistance regardless of method of payment for services (marked as Area for Growth in the June 2012 assessment of Tennessee ADRCs)
4. Review the data to make certain that all adults 60 and over and adult with disabilities are being served and being referred to the appropriate programs and/or services
5. Review the consumer satisfaction surveys to determine what issues, if any, are impacting the functions of the ADRC
6. Ensure that the ADRC meets the policies, procedures, and standards for the delivery of a comprehensive, fully functioning ADRC
7. Identify and implement ways for reducing the waiting lists for services and programs that are provided through the ADRCs and the AAADs
8. Ensure that the ADRCs have access to telephone technology to make "soft" transfers
9. Provide aging and disability training issues for all staff, including the AAAD, SUA, Department of Intellectual Disabilities, and Department of Mental Health and Substance Abuse Services
10. ***Implement strategies to address the Lewin Group's Tennessee ADRC Fully Functioning Assessment June 2012 criteria that the assessment indicates the criteria are Partially Meeting Criteria and/or Area for Growth

Objective 2: Market the ADRC as the single point of entry/"first stop" for Information and Referral/ Assistance on aging and disability issues

Strategies
1. Ensure that all ADRC personnel who provide Information and Referral/Assistance have Alliance for Information and Referral Systems (AIRS) certification
2. Ensure that the ADRC implements standardized processes for referrals and promotes consistency in how services are delivered and received for the Information and Referral/Assistance service
3. ***Conduct follow-up on ADRC contacts receiving the Information & Referral and Assistance services to collect identifying information on the appropriateness of the referrals;

the information met the individual's need; the individual was able to make the necessary connections and if not, why not; and determine if further assistance is needed

4. Provide education, information, and cross-training statewide about the "no wrong door" access to programs and services for adults 60 and over and adults with disabilities available through the Aging and Disability Resource Center (ADRC)
5. ***Cross train staff so that all agencies can be of service to adults 60 and over and adults with disabilities regardless of the service for which the individual is applying
6. Update resource database regularly to ensure accuracy of listings
7. Ensure that inquiry calls are answered within 48 hours

Objective 3: Provide objective one-on-one counseling, information, distribution, and assistance to people with Medicare, potential Medicare consumers, their families, and other advocates through the State Health Insurance Assistance Program (SHIP) and provide public education

Strategies:
1. Maintain a cadre of trained SHIP counselors and volunteers in each district
2. Disseminate information about Medicare and related insurance benefits that help to maintain healthy aging
3. Design and implement community outreach to individuals eligible for Medicare Part D Low-Income Subsidy, Medicare Savings Programs, and other benefits
4. Assist beneficiaries with finding affordable prescription drugs and working to assist Duals with mental illness and/or disability with prescription drug availability on an annual basis and access to drugs not covered under Medicare Part D
5. Ensure that all SHIP staff and volunteers receive annual training to update the information needed to provide accurate and effective counseling services

Objective 4: Ensure that the ADRC Options Counseling program meets the national standards based on the AoA national draft of Options Counseling standards

Strategies
1. Ensure a "No Wrong Door" approach to implementing the ADRC Options Counseling Program
2. Develop policy and procedures that incorporate the national standards
3. ***Incorporate cross-training, particularly focused on working with special populations and cultural competencies, to ensure consistency and quality in services delivery by the ADRC
4. ***Ensure that all ADRCs use common Options Counseling tools to provide consistency, promote team approaches to delivery of Options Counseling, facilitate data sharing, and improve the quality and measurement of quality of services
5. ***Ensure that all ADRC personnel meet expectations for staff education, training, and experience for a base level of knowledge for all Options Counselors
6. ***Continue to conduct follow-up contacts with individuals receiving Options Counseling to determine if the individual was able to follow through on the steps outlined in the action plan, what decisions he/she made, identify barriers experienced when implementing the action plan, and determine if further assistance is required and if the Options Counseling was helpful

7. ***Collaborate with the State's Medicaid office to implement an effective data sharing system that will serve to meet federal requirements for a fully functional ADRC with streamlined access to services
8. Determine the status and the success of the implementation of the online training program developed around the Options Counseling Standards
9. ***Ensure that consumers, partners, and stakeholders are actively involved in the ADRC through, but not limited to, advisory boards, formal and informal partnerships, and consumer surveys
10. Partnership with other State Departments and Agencies serving the aging and disability population to ensure a collaborative approach to ADRC sustainability

Objective 5: Collaborate with local hospitals and other healthcare organizations to implement the care transitions concept focused on reducing hospital readmissions

Strategies
1. Review the current Care Transitions programs currently in operation to determine their effectiveness and identify lessons learned
2. Support a collaborative partnership among the ADRC/AAADs, hospital and healthcare facilities, community partners, and Qsource to implement the Care Transitions program in each region
3. Ensure that an evaluation component is included in the implementation of Care Transition program

Objective 6: Partner with Memphis VA Medical Center; Mountain Home VAMC in Johnson City; Tennessee Valley Healthcare System in Nashville and Murfreesboro; ADRC/AAADs, and Public Partnership, LLC (PPL) to implement the Tennessee Veterans' Directed Home and Community Based Services

Strategies
1. Implement a contract with each VAMC partner to provide the VD-HCBS
2. Review and revise, as needed, The Tennessee Veterans Directed Home and Community Based Services Program Guidelines and the Tennessee Veteran Directed Home and Community Based Services Consumer Handbook to make certain that the documents meet the needs of each VAMC
3. Review protocol for linking veterans with needed long term support services and making mutual referrals from each VAMC to the ADRC/AAAD
4. Ensure that staff at the ADRC/AAADs will serve as the Support Brokers and that PPL will serve as the fiscal intermediary
5. Ensure that veterans will be able to make their own decisions about who will provide their in-home services if they choose

Performance Measures
Implement VC-HCBS in the three VAMCs
Implement the care transition concept in a minimum of three (3) ADRC/AAADs
Implement the National Standards for the Options Counseling Program in all nine (9) districts

Goal 5: **Collaborate with state agencies to develop a seamless system of accessible services and programs for adults 60 and over and adults with disabilities**

Objective 1: *Map the current service system and the state agencies providing aging services

Strategies
1. Identify the state agency and programs and services that are currently being provided to the target population
2. Identify gaps in and/or barriers to the needed programs and/or services
3. Evaluate the success and cost effectiveness of current services
4. Identify the emerging programs and services that will be needed to meet the needs of baby boomers

Objective 2: Establish a seamless system of accessing and delivering services and programs that reduces and prevents fragmentation and curtails duplication of cost and services

Strategies
1. Enhance cooperation, coordination, and communication among state agencies that provide aging services to address the concerns of the aging and disabled population and identify possible strategies to address those concerns
2. Develop a system to share data on programs and services to avoid duplication
3. *Establish standards of services that reflect care with compassion
4. *Establish a collaborative network and structure to create ease of accessibility to services, including, but not limited to, State Agencies and Governmental entities with common aging and disability issues, the Aging Network, and other partners
5. *Develop an infrastructure to include a broader pool of services providers and organizations in the greater aging network
6. Integrate and coordinate services and funding sources to ensure timely and appropriate services as needed
7. Provide a comprehensive continuum of services and programs that include medical, behavioral, and social services
8. Provide information and education on the "no wrong door" and "first stop" approaches to programs and services and the function of the Aging and Disability Resource Center
9. Meet with state agencies

Performance Measures
Complete the mapping of services and programs
TCAD Commission will document meetings with a minimum of 9 state agencies to ensure better coordination of programs and services for the aging and disability population

Attachment A
State Plan Assurances and Required Activities

Attachment B
Information Requirements

Attachment C
Intrastate Funding Formula Requirements

Attachment D
Demographic Data

Attachment E
Statewide Comprehensive Needs Assessment Data and Analysis

Attachment F
Description of TennCare CHOICES and "Money Follows the Person"

Attachment G
Map of Area Agencies on Aging and Disability

Attachment H
Aging Network

Attachment I
Map of State Agency Services

Attachment J
Tennessee Commission on Aging and Disability Members

Attachment K
Public Hearing